

# The Grog Ration

## Holy Cross Sisters Forerunners of the Navy Nurse Corps

By Sr. Mary Denis Maher

**“F**or professional achievement and superior performance of duties while serving on board the hospital ship, *Red Rover*,...the Sisters of the Congregation of the Holy Cross displayed superior leadership and selfless dedication while rendering nursing care to soldiers during the Civil War,” notes the 1991 letter of appreciation from the United States Navy on the 150<sup>th</sup> anniversary of the Holy Cross Sisters in the U.S. The letter acknowledges the Sisters, “who significantly impacted the quality of patient care on board the *Red Rover*,” as “the forerunners of today’s Navy Nurse Corps.”

But even before serving on the *Red Rover*, the Holy Cross Sisters, headquartered at St. Mary’s, IN, had responded to a request in October 1861 for Sisters to serve at a military hospital in Paducah, KY. Though the community, who had come from France to the wilderness of Indiana in 1843 at the request of Notre

Dame University founder, Rev. Edward Sorin (1814-1893), to open schools, were not nurses, Mother Angela Gillespie (1824-1887) immediately agreed. Within hours, six sisters of the twelve requested

were on their way to the military hospital. A month later, a second group of sisters with Mother Angela herself went to Naval Hospital Mound City, a converted warehouse in Illinois near the confluence of the Ohio and Mississippi Rivers, where they remained until 1865. By the end of the Civil War, at least 65 of the 160 Holy Cross Sisters had served in a number of military hospitals in Illinois, Tennessee, Washington, DC, and St. Louis, MO.



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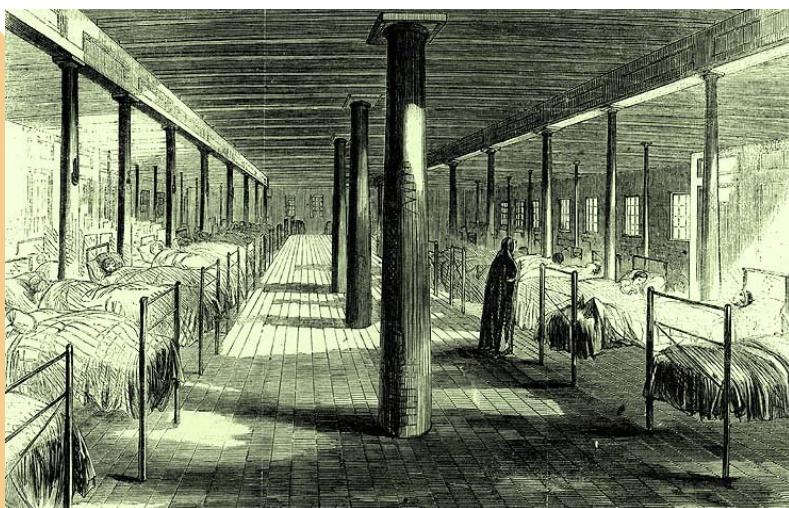


Illustration by Theodore R. Davis, published in *Harper's Weekly*, January-June 1863, depicting a scene aboard USS *Red Rover*.

All images courtesy of Naval Historical Center

Surgeon John Brinton (1832-1907), whose attitude toward most female lay nurses was direct and negative because of their “inexperienced and troublesome presence,” decided to replace female lay nurses in the Mound City Hospital with the Sisters of the Holy Cross during his short tenure.\* He believed they would be better nurses for his sick men. These men, he reported in his memoirs, not only improved under the sisters’ care, but they grew to love and respect the sisters.

The devotion of the Sisters was noted by General Lew Wallace’s wife, who described the 30 sisters who came to Mound City Hospital as “a flock of white doves - to nurse in the hospitals, where the stillness is like the silence of death.”\*\* She praised them because “they live among the patients without thought of deserting infected places or avoiding contagion by flight.”

By June 1862, Mother Angela also offered the services of the sisters for a “hospital boat” which was the *Red Rover*. Originally built in 1859 at Cape Girardeau, MO. for commercial use, the *Red Rover*, originally a 625-ton side wheel river steamer was first a commercial vessel, then a Confederate barracks ship (1861-62) until captured by Union forces at Island No. 10 in April 1862. Repaired a few months later, the *Red Rover* then became a hospital ship for the U.S. Army’s Western Gunboat Flotilla. Soon, the U.S. Navy purchased the boat for its first hospital ship and made some additional repairs to support its crew and 200 patients. The USS *Red Rover* was commissioned in December 1862 as a hospital ship for the Mississippi Squadron until Nov. 1865 when she was decommissioned and sold. From Dec. 1864 to Nov. 1865, the *Red Rover* was stationed at Mound City, IL. The men were often taken from the ship and transferred to the Mound City Hos-



**Line engraving published in *Harper's Weekly*, January-June 1863, depicting scenes on board USS *Red Rover* during the Civil War. The left pane, "The Sister," shows a Holy Cross nurse attending to a patient. The panel on the right shows a convalescent ward aboard the ship.**

pital, which often cared for more than 1,000 men.

At least two sisters served from June until September, 1862 while the *Red Rover* was an Army ship. Once the *Red Rover* was a Navy vessel, two more sisters joined the group on Christmas Eve, 1862. Although the Army listed them as “nurses,” a job function rather than rank, the Navy listed them as “Sisters of Charity,” but did list five African American women as “nurse.” These five, in recent years, have been acknowledged as the first Navy nurses by rank. However, during the Civil War times, any Sister nurses were often all called “Sisters of Charity” or “Sisters of Mercy” regardless of the specific name of their community.

Yet, as Dr. Brinton pointed out, the Holy Cross Sisters learned quickly. Too, nursing in the Civil War included giving medicines, dressing wounds, assisting surgeons, feeding patients, keeping the patients clean, writing letters, and sometimes keeping order in the wards. In an era of where there was little knowledge of how infectious diseases were spread, these seemingly insignificant tasks of the sisters and others were often critical.

The Holy Cross Sisters who served on the *Red*


\*Dr. John Hill Brinton was a Brigade Surgeon in the Army of the Tennessee who had worked at hospital in Cairo, IL and Mound City, IL. In his personal memoir, published in Dr. Brinton wrote, “In answer to my request from Catholic authorities of...North and South Bend, Indiana, a number of sisters were sent down to act as nurses in the hospital. These sent...in a short time adapted themselves admirably to their new duties...I remember their black and white dresses, and I remember also, that when I asked the Mother, who accompanied them, what accommodation they required, the answer was, ‘One room, Doctor.’” *Personal Memoirs of John Brinton: Civil War Surgeon, 1861-1865* (1914)

\*\* Major General Lew Wallace (1827-1905) is best known as the author of *Ben-Hur: A Tale of the Christ* (1880). His wife, Susan Arnold Elston (1830-1907), was, also, a gifted writer known for her articles and poetry.

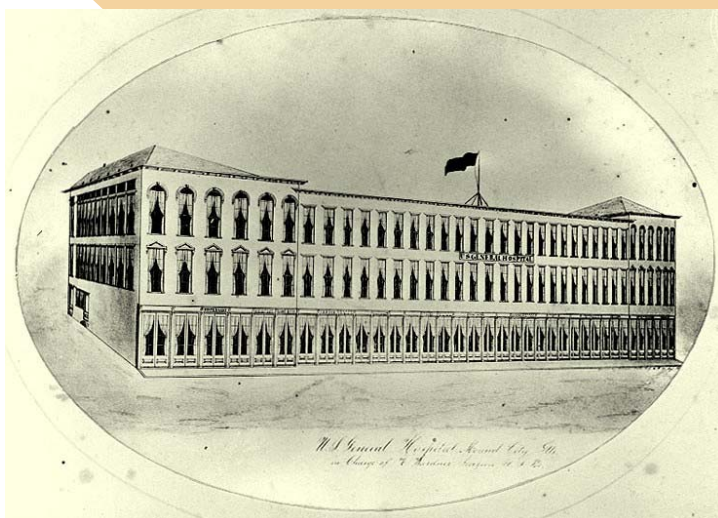


*Rover*, when it was a Navy ship received fifty cents a day, ten cents more than the Army nurses, though actual total of monies earned can not be determined. Even if records had been kept, the frequency of payment may have been erratic. For example, Mother Angela noted on 1 January 1862, in the fragment of what appears to be the Mound City Hospital account book, "The paymaster is generally very tardy, leaving an interval of several months between his appearances."

The Holy Cross Sisters were not alone in religious communities serving in the Civil War. By the time the war ended, over 600 sisters of 21 orders of 12 separate congregations had served as nurses in Navy and Army hospitals, transport ships, field (tent) hospitals, makeshift shelters, and on the battlefields of both North and South.

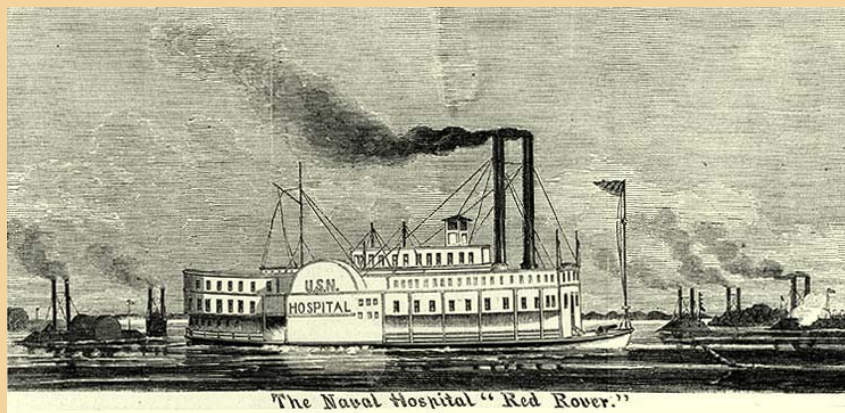
For the Holy Cross Sisters, this wartime nursing experience led to the beginning of their health care ministry, including hospitals and schools of nursing, which continues today – a legacy from these forerunners of the Navy Nurse Corps. 

**Sr. Mary Denis Maher, CSA, PhD, is a certified archivist with the Sisters of Charity of St. Augustine. She is the author of *To Bind Up the Wounds: Catholic Sister Nurses in the U.S. Civil War* (1989).**



**Naval Hospital Mound City, IL**

## Nurses of the *Red Rover*, 1862-1865



Ellen Campbell

Dennis(e) Downs

Alice Kennedy

Sarah Kinno

Betsey Young

### Sisters of the Holy Cross:

Mary Adela (1831-1906)  
*Née Catherine Moran*

Mary John of the Cross (1820-1874)  
*Née Catherine McLoughlin*

Mary Callista (1829-1902)  
*Née Esther Pointan*

Mary Veronica (1837-1902)  
*Née Regina Scholl*

# *The Surgeon's Log*



—*Navy Medicine's Historical Timeline*

13 January 1865

## *Dr. William Longshaw and the Siege of Fort Fisher, NC*


By January 1865, all but one Atlantic coast Confederate stronghold had fallen. The one exception was Fort Fisher, outside Wilmington, NC. The fortress, built of earth and sand, boasted one mile of sea defense (with 22 guns) and one-third of a mile of land defense (with 25 guns). On Christmas Eve 1864, Union forces under the command of General Benjamin "Beast" Butler tried to take this bastion but were beaten back. On 13 January 1865, a much larger U.S. force consisting of 59 naval warships and 10,000 men (8,000 soldiers and 2,000 sailors and Marines) besieged Fort Fisher. Two and a half days later the fort was captured, but with heavy losses including that of a young Navy surgeon named William Longshaw, Jr. (1839-1865). Dr. Longshaw's heroic last moments were recalled by RADM Thomas O. Selfridge, Jr. in *Battles and Leaders of the Civil War* (1894).

**W**hile kept under the walls of the fort, I was an eye-witness to an act of heroism on the part of Assistant-Surgeon William Longshaw, a young officer of the medical staff, whose memory should ever be kept green by his corps, and which deserves more than this passing notice. A



**Assault of the naval column at Fort Fisher, NC in 1865.**  
***Lithograph from Battles and Leaders of the Civil War:***  
***People's Pictorial Edition* (1894)**

sailor too severely wounded to help himself had fallen close to the water's edge, and with the rising tide would have drowned. Dr. Longshaw, at the peril of his life, went to his assistance and dragged him beyond the incoming tide. At this moment he heard a cry from a wounded marine, one of a small group who, behind a little hillock of sand close to the parapet, kept up a fire upon the enemy. Longshaw ran to his assistance, and while attending to his wounds was shot dead. What made the action of this young officer even more heroic was the fact that on that very day he

had received a leave of absence, but had postponed his departure to volunteer for the assault. 



## January 1909

# *Navy's Humanitarian Campaign in Messina, Italy*

*In times of terrible and overwhelming disaster to any nation, the sister nations of the world to-day—in striking contrast to what has been true of past ages—are for the time lifted above the plane of self-interest on which they normally move and must move, and show themselves capable of acts of sincere and disinterested friendliness.*

—President Theodore Roosevelt,  
**“International Neighborliness,” *Outlook* magazine**  
**7 January 1911**

*The world heeded Roosevelt's call for “disinterested friendliness” following the devastating earthquake and 40-foot tsunami wave that hit Messina, Sicily the morning of 28 December 1908. These natural disasters would, by some estimates, kill over 60 percent of Messina's population while leaving the rest homeless. Three U.S. Navy ships—Celtic (AF-2), Culgoa (AF-3), and Scorpion—that were circumnavigating the globe in the “Great White” fleet's global pageant of prestige, soon detached to join the international relief effort.\* Arriving on 3 January 1909, ship personnel provided emergency supplies and medical assistance to desperate Sicilians living amidst the ruins. The following is an account of the relief effort as remembered by Hospital Apprentice George Boles, USN. HA Boles was assigned to the rehabilitation activities in Messina. For his efforts, he was one of 68 sailors to be awarded the Messina Earthquake Medal by the Italian Red Cross Medal.*


**A**t the time of the 1908 earthquake, the great “White Fleet” was making the tour of the world, ordered by President Theodore Roosevelt, and the ships had reached the Port of Suez, when word was first received of this disaster. Immediately Admiral [Charles Stillman] Sperry ordered the battleships to send all medical supplies which could be spared to the USS *Culgoa* (known as the “beef boat”). Four hospital corpsmen and two doctors were also ordered to the *Culgoa*. She then proceeded to Messina. When we arrived, we discovered not only many thousands killed, but many others injured from falling mortar, etc. Practically all living were homeless. Some had made temporary homes under over-turned rowboats, and many other temporary shelter[s] which would protect them from the weather. Naturally most of the

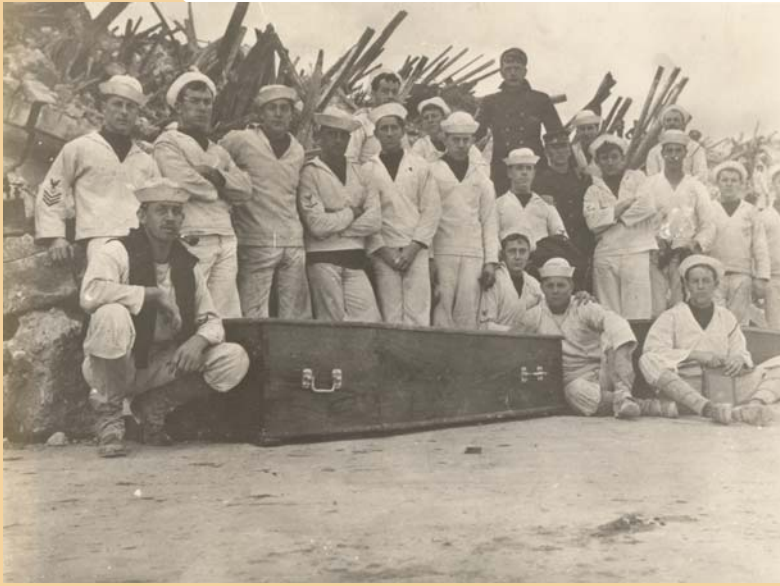


**U.S. sailors stand on rubble of building destroyed by Messina earthquake.**

***Photos from BUMED Library and Archives***

\**Scorpion* was a two-masted schooner-rigged, steel, steam yacht built in 1896. She was purchased by the Navy on 7 April 1898 and commissioned on 11 April 1898. The *Scorpion* did not have a hull number.

food had been destroyed, and as the disaster occurred very early in the morning, many had insufficient clothing to even keep them warm. All spare uniforms, underwear, etc. were issued [to] the stricken people and it was funny, though pathetic sight, to see some of the Sicilians going around with a Navy peacoat and no shoes or stockings. 



**A funeral party of American sailors surrounding the caskets of two casualties of the earthquake—Mr. and Mrs. Arthur S. Cheney, American Consul of Messina and wife.**

## Most Devastating Earthquakes Since 1908

Location	Date	Magnitude	Death toll
Messina, Italy	28 Dec 1908	7.2	Over 72,000
Haiyuan, Ningxia, China	16 Dec 1920	7.8	Over 200,000
Kanto, Japan	1 Sep 1923	7.9	About 142,800
Ashgabat, Turkmenistan	5 Oct 1948	7.3	About 110,000
Chimbote, Peru	31 May 1970	7.9	About 70,000
Tangshan, China	27 July 1976	7.5	Over 255,000
Western Iran	20 Jun 1990	7.4	40,000-50,000
Sumatra	26 Dec 2004	9.1	About 227,998

**Source: U.S. Geological Survey (<http://earthquake.usgs.gov>)**

## 15 February 1837

### *Navy Surgeon Petitioners*

*Although, the position of “Surgeon General of the U.S. Navy” was not created by Congress until 3 March 1871, there had been interest in adopting the title years earlier. On 15 February 1837, 18 Navy surgeons submitted a petition to Congress asking for legislation that would create the title. The petition read as follows:*

**T**hat great inconvenience and detriment arise in the medical department of the naval service, for want of a careful superintendence of its interests, by the institution of the office of “surgeon general of the navy.”

The advantages which have for many years resulted to the army, from the establishment of the office of surgeon general, are so well known and appreciated by those acquainted with the subject, as to require no reference to proofs of its unquestionable utility.

The navy is constantly employed in every sea and in every climate, and medical officers, it is believed, have not been wanting in zeal, industry, and devotion to their duties; but having no person who, in his official capacity, is charged with the reception of communications on medical topics, and to discriminate and determine concerning their merits, such papers are generally thrown aside at the Navy Department as useless; while, with other civilized nations, such records are carefully consigned to keeping and supervision of able professional men, and made to confer honor upon their authors as well as being rendered useful to the world by the diffusion of knowledge and the promotion of science.

*The chief foe to this movement was a fellow naval surgeon, and adversary of the petition’s lead signa-*

*tory, named William Paul Crillon Barton. Dr. Barton was so vehement in his opposition that he produced a 37-paged pamphlet entitled A Polemical Remonstrance against the Project of Creating the New Office of Surgeon General in the Navy of the United States (1838) which he sent to the members of Congress. Although it is questionable how much influence the petition and Surgeon Barton’s “remonstrance” had, Congress did pass a resolution in 1839 calling for the Secretary of the Navy to submit plans for the reorganization of the Navy. In August 1842, the Navy was reorganized under a bureau system. The new Bureau of Medicine and Surgery (BUMED) was created to administer the Navy Medical Department. Heading this new BUMED, in lieu of a surgeon general, was a “Chief of BUMED.” The first of these was none other than Dr. Barton.*

Your petitioners are convinced, from long experience, that much might be gained to the country, both in efficiency and economy, but having an experienced and intelligent naval surgeon near the seat of Government, to discharge the various and important duties which naturally appertain to the office of surgeon general of the navy; and that frequently the valuable lives of officers and seamen may be preserved on foreign stations, by the judicious advice which he could furnish to the Navy Department, and to surgeons going on foreign service.

Your petitioners disclaim all selfish views or imputations in addressing your honorable bodies upon this subject, which recommends itself to your favorable consideration from its intrinsic merits, as a measure of sound policy and humanity, and as being connected with the progress of civilization, and the respectability of the national character.

Your petitioners pray that a law may be enacted for the establishment of the office of surgeon general of the navy. ❧

**Thomas Harris, Surgeon**  
**Thomas B. Salter, Surgeon**  
**John S. Wily, Surgeon**  
**Mord. Morgan, Surgeon**  
**Thomas Dillard, Surgeon**  
**Waters Smith, Surgeon**  
**Augustus Adee, Surgeon**  
**John F. Brooke, Surgeon**  
**Jona. M. Foltz, Psd. assist. surgeon**

**S. Lawrason, Psd. assist. surgeon**  
**R.M. Baltzer, Psd. assist. surgeon**  
**N.C. Barabino, Assistant surgeon**  
**Samuel Mosely, Surgeon**  
**J.C. Spencer, Psd. assist. surgeon**  
**John C. Mercer, Psd. assist. surgeon**  
**Edward Gilchrist, Psd. assist. surgeon**  
**Lewis Wolfley, Psd. assist. surgeon**  
**D.S. Green, Assistant surgeon**

*Petition signed in order from top left column to bottom right*



# Scuttlebutt

## CHFM SEEKING UNIFORMS WORN BY NAVY FAMILY PRACTICE PHYSICIANS

**T**he Center for the History of Family Medicine (CHFM) is looking for uniforms of Navy officers (present day or retired) who served as family practice physicians to display in its museum collection. If you are or were a family practice physician in the Navy and you have material you would like to donate please contact Mr. Donald Ivey, Manager, CHFM, at: (913) 906-6000 ext. 4420 or e-mail: [DIvey@aafp.org](mailto:DIvey@aafp.org). ☞

## “STEPPING STONES TO TOKYO” SET TO BE RELEASED

**T**he Battle of Midway in June 1942 may have been the so-called turning point in the Pacific for having stemmed the Japanese advance during World War II, but winning the war at sea was not enough. Retaking the Japanese-held islands for the final assault on Japan was another priority. The nature of island-hopping through a far-flung and often tropical environment required a new medical strategy.



Navy medicine had to overcome both the environment and the Japanese. Throughout the Pacific War, corpsmen and physicians—personnel of the Navy Medical Department—were entrusted with the health of the troops and providing aid when they were injured in combat. They went ashore in places most Americans had never heard of—Guadalcanal, New Britain, Tarawa, Eniwetok, Kwajalein, Saipan, Tinian, Peleliu, Iwo Jima, and Okinawa, to name but a few. And like the Marines they served, these non-combatants also confronted the deadliest enemy American fighting men had faced in any war. Much was expected of them.

The soon-to-be released 30-minute video, “Stepping Stones to Tokyo,” in the Bureau of Medicine and Surgery’s six-part series, *Navy Medicine at War*, is the fifth installment. The first four are available on DVD.

You may order “Stepping Stones to Tokyo” and copies of the other releases from Visual Information Directorate, Navy Medicine Support Command, 8901 Wisconsin Ave., Bethesda, MD 20889-5611. Tel: (301) 295-3262; fax: (301) 295-6008; web: <http://vid.med.navy.mil>. ☞

## “UNANSWERED MYSTERIES IN THE HEALTH OF FRANKLIN ROOSEVELT” NOW AVAILABLE ON CD

**A**udio recordings of the speaker series lecture given on 9 November in the CAPT Laurel B. Clark Auditorium, National Naval Medical Center, Bethesda, MD, are now available. If you would like a copy of this lecture please e-mail us at: [andre.sobocinski@med.navy.mil](mailto:andre.sobocinski@med.navy.mil). ☞



## SECOND ANNUAL SHNM PAPER SESSION SCHEDULED FOR 10 APRIL 2008

**T**he second annual Society for the History of Navy Medicine (SHNM) meeting and paper session is scheduled to take place at 1500 on 10 April 2008 at the American Association for the History of Medicine Conference in Rochester, NY. Paper topics at this session will include: "The first female nurses at a Navy hospital," "Navy nurses at war," "The Navy Nurse Corps and the Red Cross in World War I," and "Navy Medicine and the healthcare of President Franklin D. Roosevelt." All interested parties are welcome to attend.

For more information please contact CAPT Thomas Snyder, MC, USNR (Ret.) at: [thomaslsnyder@gmail.com](mailto:thomaslsnyder@gmail.com). ☞

## THE HISTORICAL LECTURE "CARE AMIDST NURSING SHORTAGE" SCHEDULED FOR 29 APRIL 2008

**T**he Surgeon General's Speaker series is scheduled to continue on 29 April 2008 with the lecture "Care Amidst Nursing Shortage: The Relationship between the American Red Cross and the Navy Nurse Corps during World War I" by Jennifer Telford, PhD. This lecture will take place in the CAPT Laurel B. Clark Auditorium at 1000. If you would like to receive additional information about this and all future lectures in the Surgeon General's Speaker Series please e-mail us at: [andre.sobocinski@med.navy.mil](mailto:andre.sobocinski@med.navy.mil). ☞

## VIXERAT: RADM FRANCIS J. FABRIZIO (1911-2007)

**A**ncient Romans preferred to avoid the allusion to death. In referring to someone who had recently died, they would use the Latin term "vixerat," meaning "He has lived." On 18 December 2007, RADM Francis J. Fabrizio, DC, USNR (Ret), a member of the

Society for the History of Navy Medicine, passed on. With his death we are reminded that he certainly had lived a meaningful existence.

Rear Admiral Fabrizio, DC, USNR was born on 7 July 1911 in Washington DC. He graduated from Georgetown University Dental School in 1935 and began his Navy career when he was commissioned a LTJG in January of 1936. During World War II he served at NATTC Jacksonville FL, and U. S. Naval Receiving Station, Anacostia, in Washington DC. In 1946 he was released from active duty and served in the Reserves. In March 1951 he helped organize and was the first Commanding Officer of Dental Reserve Unit W-2. This unit was the first Naval Reserve Unit to be composed of dental students commissioned Ensign H.P. He remained active in the "50's" and "60's" in the Naval Residency Program in Periodontology, at the U. S. Naval Dental School, Bethesda, MD, and Georgetown University where he was a professor.

In July 1960, Dr. Fabrizio was promoted to captain and in February 1966, to rear admiral.

Rear Admiral Fabrizio will also be remembered for his contributions to the numerous dental societies he was a member of including the International College of Dentists where he was a fellow, the American Board of Periodontology, the American College of Dentists, and the American Academy of Periodontology. Admiral Fabrizio was 96. ☞



# FROM THE ANNUAL REPORTS OF THE SURGEON GENERAL

## *Kola as a Therapeutic Agent*

*The caffeine-rich kola nut (aka, cola nut) was further popularized in the late nineteenth century United States as an ingredient in medicinal tonics. Most notable of these was a concoction invented in the 1880s by an Atlanta-based pharmacist named John Stith Pemberton. In addition to the kola nut, his soft drink “Coca-Cola”® also contained fluid extracts of coca leaves (i.e., cocaine) until its recipe was changed in the early twentieth century. Concurrently with Coca-Cola’s® rise to fame as a “nerve and tonic stimulant,” Medical Director Albert Gihon, USN, and other Navy surgeons, began studying the kola nut as a therapeutic agent, especially in the treatment of “nervous exhaustion.” Dr. Gihon’s findings were published in the 1886 volume of The Annual Reports of the Surgeon General of the U.S. Navy. The following is an excerpt of Medical Director Gihon’s “Kola as a Therapeutic Agent.”*

**T**he Pharmacopoeia has grown to such enormous proportions that the mere search for additions to it may well be discouraged, and in fact, of the new remedies and pharmaceutic novelties daily heralded, very few have sufficient pretext for a place upon our bulky list. But, while 90 per cent of



**Albert Gihon**

Medical Director, USN  
(1833-1901)

BUMED Library and Archives

what we have may profitably be eliminated, it occasionally happens that a remedy of real value is brought to light. This is the case with kola, which thus far has not attracted the attention it seems to abundantly deserve.

Mr. Thomas Christy, of London, Fellow of the Linnaean Society, who has made a specialty of the dissemination of information respecting new commercial plants and

drugs, states in his eight fasciculus that in 1878 he found that the reports concerning the kola nut brought by travelers from the west coast of Africa were really worthy of credence, and his investigations have resulted in better knowledge of its valuable properties.\*

Among the most singular of these first brought to notice was that of clarifying and improving beer and spirits, and Heckel and Schlogdenhauffer [sic] attribute to it the further property of purifying foul water and of rendering tainted meat edible, the former effect at least being probably a mechanical result due to the mucilage contained in the nut, as in the case of egg-albumin or isinglass.\*\*

Of much greater interest and importance are the physiological effects attributed to this drug. Like the erythroxyton coca of Peru, its use was said to enable the natives of the country of its growth to endure prolonged exertion without fatigue and upon a mere modicum of food, while the whites living among them escaped the constitutional effects induced by climatic influences by chewing a small quantity before their meals...

Among the men on the estates and in garrison towns of the west African settlements kola has the well founded reputation of dissipating the effects of

\*Thomas Christy’s article “The Kola-Nut Tree” in *The American Journal of Pharmacy* (Vol. 55, No. 1, 1883)

\*\*Édouard Marie Heckel (1843-1916) and Frédéric Charles Schlagdenhauffen (1830-1907) authored the monograph, *Sur la Noix de Kola: ou Ombéné: Répertoire de Pharmacie*. (1882)



alcoholic debauch, and from what is now known of its therapeutic properties it is undoubtedly true that it does overcome the stupefaction and confusion of intellect which follow drunkenness. It is even maintained that it destroys the appetite for intoxicating drink, and that after the use of the kola cure the drunkard cannot return to his cups for some days without feeling nauseated. Finally, it is believed by the natives to have aphrodisiac powers.

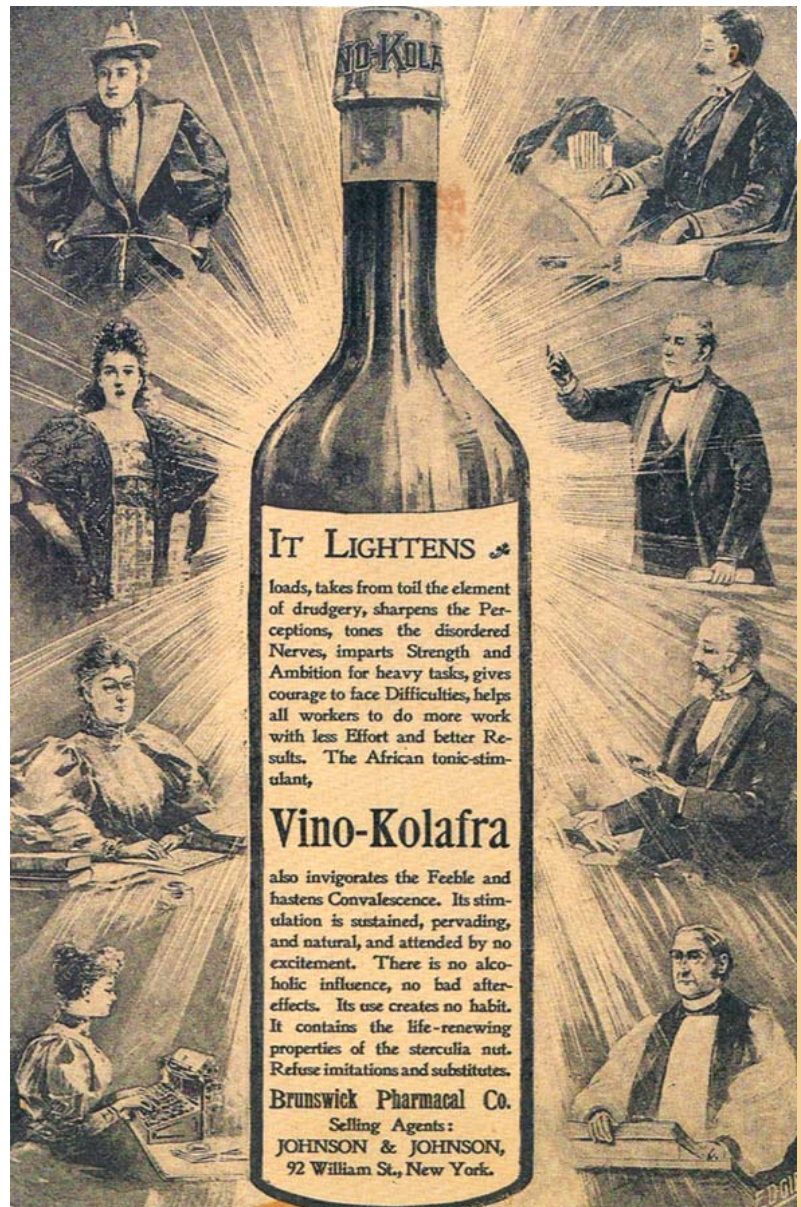
The kola of commerce is the seed of the fruit *Sterculia acuminata*, a tree from 30 to 60 feet in height, indigenous to the west coast and neighboring territory of Africa between Sierra Leone and the Congo. The ripe fruit is a brownish-yellow pod, from 3 to 6 inches long and about 2 ½ inches wide, which contains from five to fifteen red or white seeds, weighing from 5 to 25 grains each. The tree flowers continuously and the nuts are collected twice a year. The seeds are removed from the husk, freed from their epispem, and carried to Gambia and Gorée on the coast, whence they are transported by caravan to the interior of the continent, where they are in demand for several purposes indicated.

\*\*\*

Great care is practiced in the transportation of the seeds to protect them from injury. They are carefully picked, all decayed and worm-eaten seeds removed, and the sound ones packed in bark baskets lined with ("bal") leaves of the *sterculia*, these operations of picking and repacking being repeated about every thirty days. When they reach the interior they are dried in the sun and reduced to a fine powder, which among the tribes farthest removed from the coast, is paid with an equal weight of gold dust. Mixed with milk and honey, it is used as a very agreeable, stimulating, and invigorating beverage, and the fresh nuts and dried powder are used as a masticatory.

Recently it has been found that the kola nuts can be ground and made into a paste resembling the chocolate made from the roasted kernels of the *theobroma cacao*, and it was in this form of preparation, kola paste, that the remedy, through the courtesy of the Surgeon-General of the Navy,

came into my hands for experimental use. It was assumed to be a nervous stimulant from its empirical use by the natives of its habitat and from its known chemical composition, which exhibited two and one-third per centum of caffeine and a small amount of theobromin, and consequently appropriately classed it



**“Vino-Kolafra” was a kola nut-based tonic made in the 1890s. In this advertisement dated 1893, we see that Vino Kolafra allegedly “sharpens Perceptions, tones the disordered Nerves, imparts Strength for heavy tasks...”**

*Image courtesy of “The Kilmer House Blog” (<http://kilmerhouse.com>)*




with maté, coca, cacao, coffee, tea, and guarana, all which, except perhaps the last, it surpassed in its proportion of caffeine.

I had occasion to administer it in a case presenting the group of symptoms designated collectively as neurasthenia in a lady, the equilibrium of whose nervous system had been very seriously deranged, and who suffered with excruciating headache, attended with nausea, anorexia, insomnia, great despondency, palpitation, intercostal neuralgia, and perturbed secretions. Under the use of the remedy these symptoms which had not been mitigated by previous exhibition of quinine, arsenic, iron, bitter tonics, guarana, and diffusible stimulants quickly disappeared. The headache, which had been recurrent after temporary relief, did not return; the appetite was recovered, muscular vigor regained, and the mental dejection markedly relieved. The patient enjoyed refreshing sleep and the secretions became normal. There was no gastric disturbance induced by the remedy, and no constipation as had followed the prior use of chocolate.

The kola was prepared for administration after the usual manner of a chocolate beverage, by trituration with sugar and solution in boiling milk, and was taken hot, in quantities of from 10 to 15 grains, midway between breakfast and lunch, and again between lunch and dinner, to avoid interference with meals. Taken at night it would probably have caused wakefulness. Its somewhat disagreeable taste and odor were masked by the addition of the ordinary flavoring vanilla extract. If allowed to cool a yellowish gum separated which was not dissolved in reheating and was extremely unpleasant. The trituration was required to be thorough to avoid grittiness and imperfect solution.

The remarkably satisfactory results in this single case induce me to recommend the remedy as a nerve stimulant and an invigorating and waste-preventing agent in other neurasthenic cases. It produces its effects without marked excitation of the circulation, and consequently with no after-effects of depression and exhaustion. It is a mental exhilarant, overcoming despondency and brightening the intellect without resultant languor. It imparts tone to the muscular apparatus and secreting organs, and it is probably a positive nutrient from the quantity of contained proteids, fat, and sugar.

Since the above was written, I am able to add a second case confirming the opinion of the therapeutic value of kola here expressed. A physician to whom I had given a portion of the kola paste for administration to his wife who was a sufferer from aggravated "sick-headache," attended with great prostration, palpitation, and other nervous phenomena, informs me that he has met with success as gratifying as my own. The patient was averse to adding another to the long list of remedies from which she had sought relief and was consequently not disposed to anticipate benefit; but, contrary to her expectations, a few doses of the kola caused the speedy abatement and final disappearance of the customary monthly attack of headache which promised, as in all previous occasions, to be persistent and uncontrollable. Now, in the first case the kola caused neither constipation nor gastric disturbance. The small quantity of the remedy available induced me to reserve it for aggravated cases, such as are both here related. 

# Navy Medical History Quiz

1.) Fifty-nine years before nurses reported aboard the USS *Red Rover*, two women—Mary Allen and Mary Marshall—served as nurses aboard this Navy ship? (Hint. This ship boasted a figurehead carved by the famed American sculptor William Rush.)

2.) According to the ship's log dated 10 May 1813, these nurses were listed as \_\_\_\_\_. (Hint. Latin word for a soldier added to a legion after it is complete. Term used in Army and Navy for someone who, although not part of the regular staff, can be called on to serve when necessary.)

3.) In the Civil War over 600 sisters served as nurses at Army, Navy, and civilian hospitals. In addition to these holy women, a number of famous American authors (either published or to be published) served as volunteer nurses during the war. Among these was the poet Walt Whitman. Name one other author-Civil War nurse.

4.) On 4 June 1943, the USS *William Longshaw* (DD-559) was commissioned. Named in honor of the heroic Navy doctor who lost his life in the siege of Fort Fisher, NC, it is one of \_\_\_\_\_ ships to be named after naval physicians.

5.) The Navy Medical Department has had a long history providing assistance to victims of earthquakes. Even before the natural disasters that struck Messina, Italy in 1908, Navy rendered medical aid to victims of the earthquakes that rocked Arica, Peru in 1868, Charleston, SC in 1886, and San Francisco, CA in 1906. In 1923, the Navy Medical Department was itself a victim when a natural disaster destroyed one of its hospitals. Name this medical facility.

## Think you know the answers to the quiz?

Please submit your answers to [andre.sobocinski@med.navy.mil](mailto:andre.sobocinski@med.navy.mil) no later than 16 January 2008. The first person to submit correct answers to all the above questions will receive a special prize. Answers to the quiz will be published in our next issue.

# Navy Medical History Quiz

## Answers (Nov-Dec 2007)

1.) Who was the architect of the National Naval Medical Center, Bethesda, MD?

A: *F. Southworth and P. Cret*

2.) Name the original architects of the naval hospitals in Portsmouth, VA and Philadelphia, PA.

A: *John Haviland (Naval Hospital Portsmouth) and William Strickland (Naval Hospital Philadelphia)*

3.) The Naval Medical Center, Washington, DC, was established in what year?

A: *The first institution known as the Naval Medical Center was established in 1935. In August 1942 the Naval Medical Center moved to Bethesda, MD. It was renamed the "National Naval Medical Center" in 1973.*



4.) Taken in May 1919, the picture on the left shows a young Franklin Roosevelt pinning the Medal of Honor on a Navy medical officer. This officer would go to become the most highly decorated physician in the history of the Navy Medical Department. What is his name?

A: *VADM (then LCDR) Joel Thompson Boone, MC, USN*

5.) What was FDR's title when this picture was taken?

A: *Assistant Secretary of the Navy*

6.) Name all the Surgeons General of the Navy and Chiefs of the Bureau of Medicine and Surgery who served as White House physician during their tenures in office.

A: *Newton Bates (William McKinley, 1897); Presley Rixey (Theodore Roosevelt, 1902-1910); Ross McIntire (Franklin Roosevelt, 1938-1945)*

7.) VADM Ross T. McIntire served at Vladivostok aboard what ship from 1917-1918?

A: *USS New Orleans (CL-22)*

8.) What was VADM McIntire's medical specialty?

A: *Ophthalmology and Otolaryngology*

9.) In 1879, Surgeon Christopher J. Cleborne, author of "Recruiting in the Navy," invented a fluke-buoy life saving apparatus. Dr. Cleborne is not the only inventor who has served in the Navy Medical Department. Name one other Navy medical inventor and his invention.

A: *Answers include: Theodore Banzinger (Ear thermometer); Raymond Garcia (transverse carpal ligament stretch pad); Albert L. Gihon (ambulance cot and canvas bath tub); Albert C. Gorgas (ambulance cot); Paul Lauterbur (invented MRI while funded by Office of Naval Research); Edward R. Squibb (developed processes for high volume manufacture of ether and chloroform); Charles Stokes (stretcher); Henry C. Wells (ambulance cot)*

Congratulations to CDR Zsolt Stockinger, MC, USN for being the first to answer all questions correctly!



*The Grog Ration* is a bi-monthly publication dedicated to the promotion and preservation of the history of the Navy Medical Department and the field of maritime medicine. Presently, the staff of *The Grog Ration* is looking for contributions for themed issues on Aviation Medicine, the Civil War, and yellow fever. Original articles (of less than 2,000 words), historical artwork and photographs, and themed trivia questions are needed. If you would like to contribute, please contact us at:

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Aesculapius commisit pelago ratem